

 SUN CITY WEST <small>Arizona's Premier Active Adult Golf Community</small>	SPECIAL EVENT OR TOURNAMENT REQUEST WITH NONRESIDENTS	Club Name:
		Contact Person & Phone #:
		Club Location:
		Date:

Type of Special Event or Tournament: _____

Date(s) Requested: _____ Times: Begin: _____ End: _____

Facility Requested: _____ Room: _____ Approximate Attendance: _____

Request Approved by Club Membership: _____ Yes: _____ No: _____

If No, Why Not? _____

Special Requirements: (Use reverse side if more space is required)

PARTICIPATION	ESTIMATE	ACTUAL
Number Club Members		
Number Non-club Association Members		
Number Non Recreation Card Holder Guests		
AMOUNT DUE THE ASSOCIATION		
Expense of Any Extra Labor & Material that May Be Needed		

President Signature: _____ _____
Date

This request is APPROVED/DISAPPROVED _____
Recreation Activities Manager _____
Date

RvsdOrgChng11.01.03
 Revised 04/19/02
 Revised 09-26-01
 Revised 03-12-01
 Revised 10-28-99
 Revised 11-15-00

FOR OFFICE USE ONLY:

Space Requested Available: _____

Alternate Space: _____